

Confirmation of Financial Resources and I-20 Data

This is your statement of financial resources for education purposes. United States Immigration regulations require nonimmigrant International students to verify that they will have funds available to pay for their educational, living and other expenses. The Immigration Service will not permit an International student on a student visa to work off-campus except in very rare circumstances. On-campus employment, can only supplement, not replace personal funding.

The total estimated educational and living expenses for an International student in Braniff Graduate School are \$27,300* for a 9-month period of study. An additional \$3,250 is required for summer expenses in the U.S. if appropriate. This figure is an estimate based on housing costs for a single student who lives on campus or shares expenses with a roommate in an apartment, and does not include travel costs to and from the student's home country or dependent expenses.

SECTION 1 - APPLICANT INFORMATION AND CERTIFICATION

1. Name: _____

Last (Surname, Family name)
First
Middle

2. Address: _____

3. Date of Birth: ____/____/____ Marital Status: Single ____ Married ____ Sex: M ____ F ____

Month Day Year

4. Birthplace: _____ Citizenship: _____ Country of Residence (if different): _____

City, State, Country

For each dependent (spouse and/or child under 21) who will live with you, complete these details and show \$6000 for your spouse and \$2600 per child.

Full Name (Surname, First)	Relationship to Student	Date of Birth (mm/dd/yy)	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT: Your signature of agreement to the following statements will be an indication that you understand your obligatory financial commitment to the University of Dallas. This form will be returned to you if not completed in its entirety.

- (1) I certify that the financial information shown below is true and correct and that I have attached affidavits which support this information.
- (2) I certify that I will have a minimum of \$27,300* to meet my expenses for each 9-month academic period I plan to study at the University of Dallas. I further certify that I will have an additional \$3,250 available if I remain in the U.S. during the summer vacation. (Additional funds required if there are dependents.)
- (3) I certify that I will have an additional \$6000 for my spouse and \$2600 for each dependent child who accompanies me to the United States.
- (4) I certify that I or my sponsor can make the necessary arrangements to have all funds transferred to the United States.
- (5) I understand that I will be required to purchase the health insurance required by the University of Dallas for non-immigrants in the United States.

Applicant's Signature _____ Date _____

SECTION 2 - FINANCIAL INFORMATION

Complete the following to indicate every source from which you will receive financial support. Statements from the bank, employer, or government must be on official letterhead, and must be signed by an official representative. Family or personal sponsors must also sign the Sponsor's Statement below or provide a letter of guarantee of financial support. Bank affidavits which support your statement must accompany this form.

	<u>First Year</u>	<u>Subsequent Years</u>
<input type="checkbox"/> Personal Funds (Bank affidavit must be attached)	\$ _____	_____
<input type="checkbox"/> Family Funds (Sponsor's statement and Bank affidavit must be attached)	\$ _____	_____
<input type="checkbox"/> Government or Scholarship Loan (Attach letter from contributing organization)	\$ _____	_____
<input type="checkbox"/> Other (Sponsor's statement and Bank affidavit must be attached)	\$ _____	_____
TOTAL funds available per academic year (Must total at least \$27,300*)	\$ _____	_____

SECTION 3 - SPONSOR'S STATEMENT

I affirm that I will make available to _____ (applicant's name) the amount stated above during each year of academic study at the University of Dallas. I certify that I am capable of providing such support, and that the funds will be made available when needed. I have provided a certified statement from my bank to verify my capability to provide the stated funds.

Name: _____ Relationship to Applicant _____
 Address: _____
 Signature _____ Date _____

*Based on 9 credit hours per term